



# South Carolina Department of Insurance

P.O. Box 100105, Columbia, S.C. 29202-3105  
Telephone: (803) 737-6134

MARK SANFORD  
Governor

ELEANOR KITZMAN  
Director of Insurance

## PROFESSIONAL BONDSMAN'S FINANCIAL STATEMENT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

TO: Director of Insurance, State of South Carolina

For the purpose of obtaining\renewing (circle appropriate category) a professional bondsman's license, the undersigned makes the following statement of my financial condition as of the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, (date selected must be within 45 days preceding application) and certifies that the information hereinafter set forth is in all respects true, accurate and complete and correctly reflects the financial condition of the undersigned on the date aforementioned.

**FILL ALL BLANKS, writing "no" and "none" where necessary to complete information. If additional space is needed, complete answers on additional sheets of paper and attach hereto.**

### ASSETS

Cash on hand & in Banks \$\_\_\_\_\_ 00

Notes & Accounts due me \$\_\_\_\_\_ 00

Stocks & Bonds (Detail in Schedule A) \$\_\_\_\_\_ 00

Furniture & Fixtures used in Business \$\_\_\_\_\_ 00

Real Estate (Detail in Schedule B) \$\_\_\_\_\_ 00

Motor Vehicles (Detail in Schedule C) \$\_\_\_\_\_ 00

Other: (Specify)

Deposit Held by Clerk of Court \$\_\_\_\_\_ 00

Cash Value \$\_\_\_\_\_ 00

TOTAL ASSETS \$\_\_\_\_\_

### LIABILITIES (other than as listed herein)

Balance payable on Notes & Accounts payable to Banks (Detail in Schedule D) \$ \_\_\_\_\_

Balance payable on Notes & Accounts payable to other (Detail in Schedule E) \$ \_\_\_\_\_

Taxes Due \$\_\_\_\_\_

Rent Due \$\_\_\_\_\_

Other Liabilities (Specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL LIABILITIES \$\_\_\_\_\_

NET WORTH \$\_\_\_\_\_

I carry \$\_\_\_\_\_ life insurance in \_\_\_\_\_ company(ies)  
payable to \_\_\_\_\_, the present cash value of which is \$\_\_\_\_\_ and on  
which I have borrowed \$\_\_\_\_\_

My total contingent liability as endorser, bail bondsman and otherwise does not exceed \$\_\_\_\_\_

### **INCOME**

My income for the preceding calendar year was:

Earned (salary, commissions, fees, etc.) \$\_\_\_\_\_

Rents Received \_\_\_\_\_

Interest and Dividends Received \_\_\_\_\_

Other income from \_\_\_\_\_

**GROSS INCOME** \$ \_\_\_\_\_

Taxes Paid during year \$ \_\_\_\_\_

Interest Paid \_\_\_\_\_

Repairs \_\_\_\_\_

Other Business Expenses \_\_\_\_\_

**TOTAL BUSINESS EXPENSES** \$ \_\_\_\_\_

**NET INCOME** \$ \_\_\_\_\_

I CERTIFY THAT THE FOREGOING FINANCIAL STATEMENT IS IN ALL RESPECTS A TRUE, ACCURATE AND COMPLETE ACCOUNT OF MY FINANCIAL CONDITION AS OF THE ABOVE INDICATED DATE.

SWORN to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
NOTARY PUBLIC FOR STATE OF SOUTH CAROLINA

MY COMMISSION EXPIRES: \_\_\_\_\_

## ASSETS

### STOCKS AND BONDS - SCHEDULE A

<u>NAME OF ISSUER</u>	<u>NUMBER OF SHARES OF BONDS</u>	<u>REGISTERED IN NAME OF</u>	<u>FAIR MARKET VALUE</u>	<u>TO WHOM PLEDGED (if any)</u>

TOTAL \$ \_\_\_\_\_ 00

### REAL ESTATE - SCHEDULE B

<u>DESCRIPTION</u>	<u>LOCATION (ADDRESS AND COUNTY)</u>	<u>TITLE IN NAME OF</u>	<u>FAIR MARKET VALUE</u>	<u>AMOUNT OF OUTSTANDING MORTGAGES (if any)</u>

TOTAL \$ \_\_\_\_\_ 00

### MOTOR VEHICLES - SCHEDULE C

<u>DESCRIPTION (YEAR, MAKE, MODEL)</u>	<u>REGISTERED IN NAME OF</u>	<u>FAIR MARKET VALUE</u>	<u>AMOUNT OF ANY LIENS (if any)</u>

TOTAL \$ \_\_\_\_\_ 00

LIABILITIES

AMOUNT DUE TO BANKS - SCHEDULE D

NAME OF BANK

COLLATERAL

OUTSTANDING BALANCE OWED


TOTAL \$ \_\_\_\_\_ 00

AMOUNTS DUE OTHERS - SCHEDULE E

NAME OF CREDITOR

COLLATERAL

OUTSTANDING BALANCE OWED


TOTAL \$ \_\_\_\_\_ 00